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CONFIRMATION NO. 1629

Bib Data Sheet

SERIAL NUMBER 10/724,871	FILING DATE 12/02/2003 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 82021-0043
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/430,055 12/02/2002 *BT 4/9/05*

** FOREIGN APPLICATIONS ***** *BT 4/9/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/02/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 9	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *BT 4/9/05*
 Examiner's Signature Initials

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TITLE
 Systems and methods for providing gastrointestinal pain management

FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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